

OCT 26 2005

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application No.	10/753,138
	Filing Date	January 7, 2004
	First Named Inventor	Francesco DE REGE THESAURO
	Group Art Unit	3723
	Examiner Name	Bryan R. Muller
	Attorney Docket No	100185
	LVM Reference No	220650

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. Submission required under 37 CFR 1.114 <ul style="list-style-type: none"> a. <input type="checkbox"/> Previously submitted <ul style="list-style-type: none"> i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered.) ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii. <input type="checkbox"/> Other: b. <input checked="" type="checkbox"/> Enclosed <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> Supplemental Reply to Office Action ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Form PTO-1449 v. <input type="checkbox"/> Copies of References listed in Form PTO-1449 (except for U.S. patents and applications) vi. <input type="checkbox"/> Other: 																																																														
2. Miscellaneous <ul style="list-style-type: none"> a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.) b. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 c. <input type="checkbox"/> Other: 																																																														
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith. <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e) ii. <input type="checkbox"/> One-month extension of time fee of \$120.00 iii. <input type="checkbox"/> An extension for has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total amount of extension now requested. iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee. v. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i)) vi. <input type="checkbox"/> Other: vii. <input type="checkbox"/> Claim fee 																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CLAIM FEE</th> <th>CLAIMS REMAINING AFTER AMENDMENT</th> <th></th> <th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th>EXTRA CLAIMS PRESENT</th> <th>RATE</th> <th>ADD'L CLAIM FEE</th> <th>RATE</th> <th>ADD'L CLAIM FEE</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>24</td> <td>MINUS</td> <td>30</td> <td>= 0</td> <td>x 25=</td> <td>\$</td> <td>x 50=</td> <td>\$0.00</td> </tr> <tr> <td>INDEPENDENT</td> <td>4</td> <td>MINUS</td> <td>4</td> <td>= 0</td> <td>x 100=</td> <td>\$</td> <td>x 200=</td> <td>\$0.00</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM</td> <td colspan="4"></td> <td>+ 180=</td> <td>\$</td> <td>+ 360= \$0.00</td> </tr> <tr> <td colspan="8" style="text-align: right;">Claim fee total</td> <td>\$0.00</td> </tr> <tr> <td colspan="8" style="text-align: right;">Total amount to be charged to Deposit Account</td> <td>\$790.00</td> </tr> </tbody> </table>									CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	TOTAL	24	MINUS	30	= 0	x 25=	\$	x 50=	\$0.00	INDEPENDENT	4	MINUS	4	= 0	x 100=	\$	x 200=	\$0.00	<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM						+ 180=	\$	+ 360= \$0.00	Claim fee total								\$0.00	Total amount to be charged to Deposit Account								\$790.00
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b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216																																																														

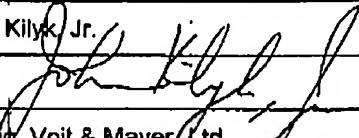
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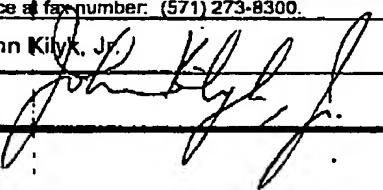
PAGE 2/15 * RCVD AT 10/26/2005 3:35:00 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/33 * DNI:2738300 * CSID:312 616 5700 * DURATION (mm:ss):03:48

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In re Application of de Rege Thesauro et al.
Application No. 10/753,138

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL
(CONTINUED)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	John Kilyk, Jr.	Registration No. (Attorney/Agent)	30,763
Signature		Date	October 26, 2005
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)

MAILING/TRANSMISSION CERTIFICATE UNDER 37 CFR 1.8 OR 1.10			
I hereby certify that this document and all accompanying documents are, on the date indicated below, being <input checked="" type="checkbox"/> facsimile transmitted to the U.S. Patent and Trademark Office at fax number: (571) 273-8300.			
Name (Print/Type)	John Kilyk, Jr.	Date	October 26, 2005
Signature			

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RCE Transmittal (Revised 4/8/05)

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